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YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:
	011738.00141
RE:	Filing of Amendment for U.S. Serial No. 10/687,289
	Entitled: Multi-Modal Operation of a Medical Device System
	Inventors: Osorio, et al.
	Our Case No. 011738.00141

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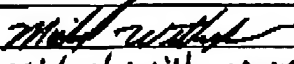
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/687,289
		Filing Date	October 15, 2003
		First Named Inventor	Osorio, et al.
		Art Unit	3762
		Examiner Name	Alyssa M. Alter
Total Number of Pages in This Submission	15	Attorney Docket Number	011738.00141

ENCLOSURES (check all that apply)		
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Date	May 24, 2006	Reg. No.	42,065

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TRANSMITTAL FORM		Application Number	10/687,289
		Filing Date	October 15, 2003
		First Named Inventor	Osorio, et al.
		Art Unit	3762
		Examiner Name	Alyssa M. Alter
(to be used for all correspondence after initial filing)		Total Number of Pages in This Submission	15
		Attorney Docket Number	011738.00141

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Fax Cover Sheet
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MAY 24 2006**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**
(Attorney Docket No. 011738.00141)

In the Application of: Ivan Osorio, et al.)	
)	
Application No.: 10/687,289)	Group Art Unit: 3762
)	
Filed: October 15, 2003)	Examiner: Alyssa M. Alter
)	
For: Multi-Modal Operation Of A Medical)	Confirmation No. 8969
Device System)	
)	

RESPONSE AND AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This paper is responsive to the Office Action mailed February 24, 2006. The Office Action set a three-month period for response, making this paper due on or before May 24, 2006. The Commissioner is authorized to charge any required fees to Deposit Account No. 19-0733. Reconsideration of the instant application is requested in light of the following:

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.